

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Heinen et al.

Title: CAPITAL EQUIPMENT ON-LINE
CONFIGURATOR INTERFACE

Appl. No.: Not yet assigned

Filing Date: Not yet assigned

Examiner: Not yet assigned

Art Unit: Not yet assigned



UTILITY PATENT APPLICATION
TRANSMITTAL

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

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[] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (23 pages).
- [X] Informal drawings (3 sheets, Figures 1-3).
- [X] Executed Declaration and Power of Attorney (5 pages).
- [X] Executed Assignment and Agreement of the invention to GE Medical Systems Global Technology Co., LLC. (3 pages)

☒ Information Disclosure Statement.

☒ Form PTO-1449 with copies of 1 listed reference(s).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$710.00	\$710.00
Total Claims:	45	20	= 25	x \$18.00	= \$450.00
Independents:	5	3	= 2	x \$80.00	= \$160.00
If any Multiple Dependent Claim(s) present:				+ \$270.00	= \$0.00
Surcharge under 37 CFR 1.16(e) for late payment of filing fee				+ \$130.00	= \$130.00
				SUBTOTAL:	= \$1450.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):					= \$0.00
				TOTAL FILING FEE:	= \$1,450.00

☒ Please charge Deposit Account No. 07-845 in the amount of \$1,450.00 to cover the filing fee. A duplicate copy of this transmittal is enclosed.

☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 8/1/01

By



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